

hitherto little attended to, is among the most fatal of morbid alterations. 11. This is a true inflammation, as is attested by the attendant affections: for example, crepuscular lobular pneumonia. 12. This affection is generally unknown; and the few who are acquainted with it, commonly refer it to Diphtheritis—a disease which does not occur in infants at the breast. 13. Secondary acute inflammation of Peyer's glands, as well as inflammation of the solitary glands, belongs to tuberculation; in all such cases, tubercles of the spleen were met with simultaneously, but never in the intestinal tract. 14. The colitis of the French observers was often met with, but uniformly of small extent, and of subordinate importance, compared with the simultaneous, but far more serious, alterations of the mucous membrane of the small intestines. The mesenteric glands, with the exception of slight redness and elevation, in a few cases were, for the most part, normal; the alteration of these was never either considerable or prominent; in general tuberculation, it is true, they were infiltrated with tuberculous matter; but even then their enlargement could not be felt through the abdominal walls. 16. The peculiarity and frequency of the above described morbid alterations, and the absence of others, known to occur in the next year of life, as typhoid fever and abdominal tuberculosis, present features of great interest in the pathology of the alimentary canal during the first year of life.—*Month. Journ. Med. Science*, Sept. 1847, from *Zeitschrift f. Rationelle Medizin*, Bd. V. h. 3.

23. *On a new form of Serous Inflammation.* By HUGHES BENNETT, M. D.—In many cases which had come under Dr. Bennett's notice of apparent inflammation in the serous membranes, nothing whatever could be discovered after death but a slight effusion of serum. The membrane itself presented its usual white glistening appearance, free from all vascularization or deposition of lymph. The effusion in consequence had been considered non-inflammatory, and the connection between the symptoms and morbid appearances had been involved in the greatest mystery. An examination of such effusions with the microscope, however, had proved that in many such cases they contained pus cells in considerable quantity, and it seemed possible that such purulent formation was intimately connected with the symptoms which preceded death. In illustration of this observation, Dr. Bennett described three cases out of several he had met with.

The first case was one of fever under the care of Dr. Andrew, which appeared to be going on well, when one day, during the visit, the patient was seized with a distinct rigor, and pyrexia for two subsequent days, and died during the following night. On examination no lesion whatever could be anywhere discovered, with the exception of about one ounce of serous fluid of a golden yellow colour, and very slightly turbid in the peritoneum at its most depleading part. The membrane itself was perfectly healthy. A microscopic examination of the fluid showed it to contain numerous pus corpuscles.

The second case was that of a woman who entered the infirmary under Dr. Douglas, with occasional convulsions, which had come on two days previously. She presented such marked symptoms of local affection as led to a suspicion of meningitis. She died in three days. On examination the membranes and substance of the brain were found quite healthy. Both lateral ventricles, however, contained each about $\frac{3}{4}$ of an opalescent fluid, on examining which microscopically, numerous compound granular corpuscles were observed in it.

The third case occurred to himself. It was that of a man who, for some time, had laboured under bronchitis. The day previous to his death, he was seized with pain in the cardiac region, tumultuous action of the heart, but without any murmur which could be detected by auscultation. He died during the night, and there was found, on dissection, considerable emphysema of the lungs with bronchitis. The pericardium presented a perfectly healthy appearance, but contained about half an ounce of an amber-coloured fluid, slightly turbid. A microscopic examination of this fluid exhibited numerous pus corpuscles in it, as in the first case.

Several other instances had occurred to Dr. Bennett, where inflammatory products could, in like manner, be detected in the effusions of serous cavities, which had been considered by practitioners of little importance, although, in his opinion, capable of explaining many anomalous symptoms.

Dr. Bennett also alluded to the importance of minutely examining the fluids in contact with mucous membranes. He had, on several occasions, detected pus globules in the urine, when nothing was visible in that fluid to the naked eye, and when it seemed perfectly healthy after a most careful chemical examination. In one such case in which Dr. Christison was consulted, and in which the urine was examined with great care, the symptoms of chronic pyelitis under which the individual laboured were inexplicable, until the microscope detected the pus globules. On the other hand, he had seen several cases, where fluids having, to the naked eye, all the appearance of pus, had been found in the bladder, ureters, or pelvis of the kidney, and yet not one pus corpuscle could be discovered, but only an immense number of epithelial cells, which had been thrown off in large quantities, and communicated to the urine a turbid, purulent-looking character. This had been well seen in two kidneys he had recently examined with Dr. MacLagan.—*Proceedings of Med. Chirurg. Soc. of Edinburgh*, June 13, in *Monthly Journ. Med. Sci.*, Aug. 1847.

24. *Atrophy of one Lung, with Cicatrized Tubercular Cavities.* By M. PAYAN, of Aix.—A woman, twenty-six years of age, went into the Hotel Dieu, at Aix, on account of a slight illness. She had been in the same hospital, three years before, with all the symptoms of confirmed tubercular phthisis,—namely, hollow and deep cough; abundant expectoration, at times tubercular; hectic fever, with circumscripted redness of the cheeks, &c. After remaining three months in the hospital, she returned home with no other prospect than of quickly sinking under the disease. Nevertheless the symptoms, after a time began to subside, and at length, she so far recovered her health and strength that she again went to service, having then no remains of her former complaints, but some constraint in breathing when she made an unusual exertion. When she went into the hospital a second time for a complaint of the stomach, there was no symptom of affection of the lungs. A few days after she was seized with influenza, which then (January 1837) prevailed severely in the town. Before the evening of the day on which she was attacked, the respiration had become much oppressed, with sense of approaching suffocation; and, in spite of every means of relief that could be devised, she died in the night with all the indications of asphyxia.

At the post-mortem examination, the body presented an ordinary degree of embonpoint. The left side of the chest was perceptibly less prominent than the right. There was nothing unusual within the skull. Between the right and left lungs there was a remarkable disproportion—the right being well developed, and filling its proper cavity; while the left, reduced to a very small bulk, was lost in the left thoracic cavity, being concealed by much laminated tissue. On minute examination the left lung was found to be much atrophied, and quite impervious to air. Its texture was hard and fibrous-like, somewhat resembling that of the supra-renal capsules. On cutting into it there was found a number of cavities, more or less extensive, appearing to communicate with each other. These were true tubercular cavities, smooth on their inner surface, and altogether empty. The right lung was simply in a state of congestion.—*Monthly Journ. Med. Sci.*, Nov. 1847.

25. *Observations on Hysteria.* By M. E. MARCHAND, of Sainte-Foy.—The following are the conclusions to which M. Marchand comes, in a memoir on Hysteria, read before the Royal Academy of Medicine at Paris:—

That aglobulina denotes a diminution in the blood globules, as hyperglobulina signifies an increase of the same, or plethora. Aglobulin is very common morbid state. The blood globules—the medium proportion of which is 125 in a thousand parts of blood—may fall to so low a figure as 24, as Andral has remarked. M. Marchand has found it as low as 43. Aglobulin has for its discriminating mark a disturbance of the nervous system. This disturbance of the nervous system is, in general, the more decided the more complete the aglobulin is. The disorders arising from aglobulina, may affect either the nervous system or the functions of relation, or the nervous system of the vegetative functions. Under the first head fall convulsions, paryses, hysterical lethargies, hysterical aphonia, hysterical asthma; disorders of the organs of sense, as ninaurosis and double vision, and tinnitus aurium. Under the second head come various chlorotic phenomena, nervous